SERVICE ACADEMY APPLICATION FORM OFFICE OF SENATOR MITCH McCONNELL

Senator Mitch McConnell 361-A Russell Building Attention: Stephanie Penn Washington, D.C. 20510 (202) 224-2541

Please Type or Print. Do not reproduce or alter this form in any way.

| 2. | or 3 | | ACADEMY | . (You may select more than one. I |
|-----------------------|----------------|---------------------------|------------|------------------------------------|
| selecting more than o | one, place the | em in the order of prefe | rence.) | . (You may select more than one. I |
| FULL NAME: | | | | |
| | Last | First | | Middle |
| LEGAL ADDRESS I | IN KENTUC | KY: | | |
| | | | | |
| | | city, state, and zip code | ? | |
| TELEPHONE:(|) | CONGRESSIONAL DISTRICT: | | |
| COUNTY: | | _DATE OF BIRTH: | | LEGAL RESIDENT OF KY?: |
| SOCIAL SECURITY | Y NUMBER: | : | | |
| | | | - | |
| Complete the section | below only | if it applies: | | |
| TEMPORARY ADD | RESS AND | PHONE: | | |
| | | | | |
| | | | | |
| REASON FOR TEM | IPORARY L | OCATION: | | |
| | | | | |
| TEMPORARY LOC | CATION WII | LL EXPIRE: | | |
| FATHER'S NAME: | | | _LIVING: | _DECEASED: |
| FORMER OR CURI | RENT SERV | TICEMEMBER? YES | NO IF Y | YES, WHAT BRANCH? |
| MOTHER'S NAME | : | | _LIVING: | DECEASED: |
| FORMER OR CURI | RENT SERV | TICEMEMBER? YES | NO IF Y | YES, WHAT BRANCH? |
| ADDRESS OF HIGH | H SCHOOL: | | | |
| COUNCEL OD'S NA | ME | m.r. | II EDIIONE | |

| I HAVE NOT TAKEN THE RI | EQUIRED TESTS BUT WILL | TAKEON |
|--------------------------------|-------------------------------|---|
| | | ade(s) during which you participated. May |
| abbreviated as 1-Freshman, 2-5 | Sophomore, 3-Junior, 4-Senior | .) |
| STUDENT GOV'T | EAGLE SCOUT | NEWSPAPER STAFF |
| PRESIDENT | BOY SCOUT | YEARBOOK STAFF |
| OTHER STUDENT | GIRL SCOUT | JR ROTC |
| GOV'T OFFICE | KEY CLUB | JR ROTC OFFICER |
| | SCHOOL CHORUS | |
| (Specify) | LANGUAGE CLUB | FUTURE FARMERS |
| CLASS OFFICER | CO-ED Y CLUB | SCHOOL BAND |
| | KUNA, KYA | CIVIL AIR PATROL |
| (Specify) | NAT'L HONOR | BOYS STATE OR |
| SADD, DARE, etc. | SOCIETY, BETA | NATION |
| SPEECH or DEBATE | CLUB | GIRLS STATE OR |
| TEAM | SCIENCE CLUB | NATION |
| ACADEMIC TEAM | | OTHER, PLEASE LIST BELOW |
| A DDITIONAL EVAL ANATIO | N OF EVERA CURRICULAR | A COMMUNICIPE (16 P. 11) |
| ADDITIONAL EXPLANATIO | N OF EXTRA CURRICULAR | RACTIVITIES (II applicable): |
| | | |
| | | |
| | | |
| | | |
| | | |

USE THE SPACE BELOW FOR ADDITIONAL EXPLANATION OF ATHLETIC INVOLVEMENT (if applicable):

9 10 11 12_____

SPORT GRADE VARSITY LETTERS CAPTAIN

9 10 11 12 9 10 11 12 9 10 11 12

9 10 11 12

| I AM OR AM NOT EMPLOYED | IF YES, WHERE?: | | | | |
|--|--|--|--|--|--|
| HOURS PER WEEK: | AFTER SCHOOL or SUMMER | | | | |
| USE SPACE BELOW FOR FURTHER EXPLANATION OF EMPLOYMENT (if needed): | | | | | |
| | | | | | |
| OTHER NOMINATIONS: | | | | | |
| I AM ALSO SEEKING A NOMINATION TH | HROUGH: | | | | |
| I HAVE PREVIOUSLY SOUGHT A NOMIN | NATION THROUGH: | | | | |
| I AM SEEKING A NOMINATION THROUGH | GH NO OTHER SOURCE: | | | | |
| PLEASE READ CAREFULLY BEFORE CO | MPI FTING AND SIGNING. | | | | |
| TEASE READ CAREFULLT BEFORE CO | WII LETING AND SIGNING. | | | | |
| | xplain the nomination procedures, and I am familiar with the McConnell. I CERTIFY THAT I AM (1) A LEGAL RESIDENT | | | | |
| OF THE STATE OF KENTUCKY AND OF | THE CONGRESSIONAL DISTRICT OF THAT | | | | |
| | e prior to entering the academy); (3) unmarried without noral character; and (5) at least 17 years old and will not have | | | | |
| | that I would enter the academy. If I have not postmarked all | | | | |
| necessary data to the Office of Senator McCo | nnell by the November 1st deadline, I understand that I may not | | | | |
| be given final consideration for a nomination. | | | | | |
| DATE: | | | | | |
| SIGNATURE: | | | | | |
| | | | | | |

Do not print